

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT

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Air Pollution Control Officer

<http://www.mdaqmd.ca.gov>**APPLICATION FOR INTERNAL COMBUSTION ENGINE (I.C.E.) ONLY**

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REMIT \$193.43 WITH THIS DOCUMENT (\$110.53 FOR CHANGE OF OWNER)

1. Permit to be issued to:			
_____ Business license name of organization to receive permit.			
_____ Name(s) of owner or principal partners doing business as (DBA) above organization.			
2. Mailing (Billing) Address:			2a. Federal Tax ID No.:
3. Equipment Location: (if same, enter "same")			
4. Contact Name:		Phone No.:	Fax No.:
Contact Title:		Contact Email Address:	
5. Application is hereby made for Authority To Construct (ATC) and Permit To Operate the following equipment:			
6. If this equipment had a previous written permit, state name of pervious permit holder that operated this equipment, and state previous Air Pollution Control District permit number.			
_____ Name of corporation, company, or individual owner			_____ Previous permit number
7. Application is for: <input type="checkbox"/> New Construction <input type="checkbox"/> Modification <input type="checkbox"/> Change of Owner			
8. Type of Organization (check one): <input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Utility <input type="checkbox"/> Local Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Federal Agency			
9. General Nature of Business:		10. Principal Product:	
11. Percent Annual Throughput by Quarters: _____% _____% _____% _____% Jan-Mar Apr-Jun Jul-Sep Oct-Dec		12. Normal Operating Hours of Equipment: _____ Hrs/Day Days/Wk Wks/Yr	
13. Do you claim Confidentiality of Data (if yes, state nature of data in Remarks)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Signature of Responsible Official:		Official Title:	
Typed or Printed Name of Responsible Official:		Phone Number:	Date:
- For District Use Only -			
Application No.:	Invoice Number:	Permit Number:	Company/Facility Number:

MOJAVE DESERT AIR QUALITY MANAGEMENT DISTRICT
I.C.E. APPLICATION, continued

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15. INFORMATION ON I.C.E.:

Manufacturer: _____
 Model No.: _____ Serial No.: _____
 Number of Cylinders: _____
 Rating: _____ BHP Speed: _____ RPM
 I.C.E. is? ☐ New ☐ Existing Date Installed: _____
 Type of Fuel(s): Natural Gas ☐ Diesel Fuel ☐ Ethanol ☐
 Propane ☐ No. 2 Fuel Oil ☐ Methanol ☐
 Other - Please specify: _____
 Fuel usage: Maximum: _____ Amount (cu. ft., gal., etc.) per hour
 Is this I.C.E. (select all that apply):
 Direct Injected? ☐ After Cooled? ☐
 Turbo Charged? ☐ Inter Cooled? ☐
 Ignition Retarded? ☐ Other - Please specify: _____

16. Manufacturer's Estimated Emission Rates:

Pollutant	at Max.Load	Units
Oxides of Nitrogen (NOx)	_____	_____
Oxides of Sulfur (SOx)	_____	_____
Carbon Monoxide (CO)	_____	_____
Particulates (PM10)	_____	_____
Total Hydrocarbons (VOC)	_____	_____

17. EMISSION CONTROL EQUIPMENT: Add on emission control equipment? ☐ Yes ☐ No

If yes: Manufacturer: _____
 Model No.: _____ Serial No.: _____
 Type: SCR ☐ Catalytic Converter ☐ Ammonia Injection ☐
 Non-SCR ☐ EGR ☐ Water Injection ☐
 Other - Please specify: _____

18. INFORMATION OF ITEM BEING POWERED: This I.C.E. is used to power:

Electrical Generator ☐ Air Compressor ☐ Pipeline Pump ☐
 Paint Spray Gun ☐ Pipeline Compressor ☐ Water Pump ☐

Other - Please specify: _____

The above item is used as a:

Regular Unit ☐ Standby Unit ☐ Emergency Unit ☐

Manufacturer: _____
 Model No.: _____ Serial No.: _____
 Type: _____ Size: _____
 Rating: _____ [kw, gpm, flowrate (cfm) at pressure (psia), ton/hour, etc.]